

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 09/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/IM219002300/13	SAS e-filing		
Veh No: SKT5612R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/02/19 1100	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJE52494	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: (Warranty: YES () / NO ()		
Excess: (\$	Loading: \$1,000 () / \$2,000 ()		

General Remarks:-

- () Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
- () Total Loss Case : to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1901211

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N/n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	09/02/2019 08:26
Date Of Accident	05/02/2019 11:00
Exact Location Of Accident	CTE AFT AMK AVE 1 B4 BRADDELL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKT5612R
Insured/Policyholder	
Name Of Registered Owner	CHIA YEN YEN
NRIC No	S0125906G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96175157
Alternative Phone No	OTHERS-96175157
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MW005525-R02
Cover Note Number	
Driver	
Name of Driver	CHIA YEN YEN
NRIC No	S0125906G
Date Of Birth	03/01/1954
Occupation	INDOOR
Date Of Driving Pass	07/12/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96175157
Fax Number	
Contact Number	OTHERS-96175157
E-Mail Address	NOEMAIL

Address	20 WOODLANDS CRESCENT #15-43
Postcode	738081
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LIE WEE LAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190205/2037

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE5249Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AW QIN YI
NRIC/Passport Number	S8501239H
Contact Number	92355095
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJB6807X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ZAKARIA BIN ABDUL LATIB

NRIC/Passport Number

S1493320D

Contact Number

91123526

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJS7723H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

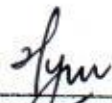
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 09/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CTE Towards A/E Before P/E Changin Exit

SKETCH PLAN

D - SJS 77234
C - SJB 6807X
~~S~~ - SKT 5012R
A - SKT 5012R
B - SJE 5249Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

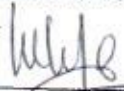
P/S refer to the police report: T/20190205/2037


DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIARMC Sketch/Plan Form 3/3


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 09/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190205/2037

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 5
Report No. T/20190205/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2019 14:54		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: CHIA YEN YEN			Address: 20 WOODLANDS CRESCENT #15-43 SINGAPORE 738081		
ID Type / ID No.: NRIC NO / S0125906G			Contact No.: Home/Office: 63103927 Mobile: 96175157		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 03/01/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR TECHNOLOGY			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/02/2019 11:00	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY CTE (TOWARDS PIE CHANGI), AFTER ANG MO KIO AVE 1 EXIT. BEFORE 8A/8B EXIT (PIE CHANGI)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

S1675012 R

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJB6807X	Car	TOYOTA	VIOS J AUTO	Black		0
SJE5249Y	Car	HONDA	FIT 1.3G A	White		1
SJS7723H	Car	TOYOTA	VIOS E AUTO	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

Report No. T/20190205/2037

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT5612R	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Blue	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT5612R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MW005525	15/06/2015	14/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ZAKARIA BIN ABDUL LATIB		ID No.	S1493320D
Related Vehicle	SJB6807X (Car)		Contact No.	91123526
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	AW QIN YI		ID No.	S8501239H
Related Vehicle	SJE5249Y (Car)		Contact No.	92355095
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL



Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

CONTINUATION OF REPORT

Driver			
Name	CHIA YEN YEN		ID No. S0125906G
Related Vehicle	SKT5612R (Car)		Contact No. 96175157
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LIE WEE LAN		ID No. S1123359G
Related Vehicle	SKT5612R (Car)		Contact No. 98295867
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the registered vehicle owner of a blue in colour Honda Jazz bearing vehicle plate number SKT5612R.

On the 05/02/2019 at about 1100hrs, I was driving my vehicle (SKT5612R) with my wife along CTE, after Ang Mo Kio Ave 1 exit, before 8a/8b exit (PIE Changi). I was driving in the extreme left lane which is the lane going into PIE (Changi). There was a vehicle SJB6807X in front of me which suddenly applied its emergency brakes to which I did as well however I could not recall the sequence on whether I felt an impact from my rear first then collided with the vehicle (SJB6807X) in front of me or I had collided into the vehicle (SJB6807X) in front of me first and then felt an impact from my rear.

I alighted and discovered my vehicle was involved in a chain collision between four vehicles. There were no injuries at the accident scene at that point of time. The accident took place just after a ERP gantry.

The following are the order of the vehicles involved in the chain collision accident, starting from the first vehicle;

(1) SJS7723H (2) SJB6807X (3) SKT5612R (4) SJE5249Y

My vehicle's (SKT5612R) airbag was not deployed. My vehicle (SKT5612R) was towed away due to its damages. I am unsure of how many occupants were there for each vehicle except the last vehicle (SJE5249Y); which is a female driver and one male passenger. I have exchanged particulars with driver of SJB6807X and SJE5249Y.

No attendance by traffic police or ambulance. There was a Malay LTA officer at scene and I was advised



**SINGAPORE
POLICE FORCE**



T/20190205/2037

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Report No. T/20190205/2037

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

CONTINUATION OF REPORT

by him to lodge a traffic accident report.

I have taken photos of the accident. I do not have an in car camera in my vehicle (SKT5612R)



**SINGAPORE
POLICE FORCE**



T/20190205/2037

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20190205/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 MOHAMED ZAMIL BIN MOHAMED ANIS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/02/2019 14:54

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 05/02/2019 (DD/MM/YY) Time: 1100 (HH:MM)
Exact location of accident	CTE AFTER Any Mo Icd Ave 1 Before Braddell

Details of vehicle

Vehicle registration number			
Vehicle make and model	Honda Jazz		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

Insurance information

Insurance company			
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	Chia Yen Yen	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S01249066	
Contact	90775157	
Address	20 Woodlands Crescent #15-43 S738081	

Driver

Same as Insured above ☐ (skip to D.O.B)

Name		
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>
Driving date pass		

General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and insured: _____	
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	LIE WEE LAN
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other Information

Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	267 Chuan Road SC424773

Third party vehicle 1

Name	Av Qian Yi
Contact number	92355095
NRIC / Fin / Passport number	S8501239H
Vehicle registration number	SJE 249Y
Vehicle make model	Honda

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 07 Dec 1977

NP 4284

Licence No: S0125906G



5415415

NPIC No: S0125906G



Date of issue
23-01-2015

Address

20 WOODLANDS CRESCENT
#15-43
SINGAPORE 738081

REPUBLIC OF SINGAPORE DRIVING LICENCE



DOB: 03 Jan 1954
Exp. Date: 04 Nov 2005



000964133K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0125906G



Name

CHIA YEN YEN



谢元元

Race

CHINESE

Date of birth

03-01-1954

Country/Place of birth

SINGAPORE

Sex

M



RENEWAL NOTICE - MOTOR INSURANCE

Your Policy insuring with Tokio Marine Insurance Singapore Ltd. is expiring on the date shown. To renew, please review, update the information and return a duly signed copy of this notice together with your remittance before the expiry of this Policy, if applicable.

Insured : CHIA YEN YEN Address : 20 WOODLANDS CRESCENT #15-43 SINGAPORE 738081	Date of Issue : 21/03/2018 Policy Type : PRIVATE MOTOR CAR Policy No. : 18-MW005525-R02 Account No. : E2316DDA Expiry Date : 14/06/2018 Renewal Period : 15/06/2018 to 14/06/2019												
Registration No. : SKT5612R Make/Model/Body : HONDA JAZZ 1.5 VTIR CVT/Saloon Cover : Comprehensive Approved Workshop Plan Sum Insured : PREVAILING MARKET VALUE Add'l Benefits : NCD Protector Financial Interest/Hire Purchase/Leasing Co.	Excess Section 1: Named Drivers - SGD600 Section 1: Unnamed Drivers (Additional Excess) - SGD500 Additional Excess for Young or Inexperienced Drivers - SGD3,500/- Windscreen Excess - SGD\$100 Windscreen Excess - SGD100 Named Driver(s) CHIA YEN YEN												
Changes to Policy Please note the following changes will apply to your Policy on renewal:	Renewal Premium <table> <tr> <td>Basic Premium</td> <td>SGD1,394.10</td> <td>NCD/FD</td> <td>50% - SGD697.05</td> </tr> <tr> <td>Add'l Benefit/s</td> <td>-</td> <td>SDD</td> <td>SGD34.85</td> </tr> <tr> <td>GST</td> <td>SGD46.35</td> <td></td> <td></td> </tr> </table> Total Premium Payable: SGD708.55	Basic Premium	SGD1,394.10	NCD/FD	50% - SGD697.05	Add'l Benefit/s	-	SDD	SGD34.85	GST	SGD46.35		
Basic Premium	SGD1,394.10	NCD/FD	50% - SGD697.05										
Add'l Benefit/s	-	SDD	SGD34.85										
GST	SGD46.35												
Renewal Instructions (please tick) <input type="checkbox"/> Please renew my Policy for one year according to this Renewal Notice, if any changes is required to be made, please indicate below here and send to us or email to tmsis@tokiomarine.com.sg <input type="checkbox"/> Changes: _____													
Payment Mode Premium Payable: SGD708.55 <input type="checkbox"/> By VISA/MASTER Credit Card a) You can made direct online payment to us at the following website address and received the renewal document immediately: https://tmonline.tokiomarine.com.sg/aic/login/loginRenewal.jsp OR b) By Post to us with following information: Card Holder Name _____ Credit Card No _____ Expiry Date _____ / _____ <input type="checkbox"/> By Cheque made payable to "Tokio Marine Insurance Singapore Ltd."													
IMPORTANT NOTE In an accident or claimable event occurs on or before the expiry of this Policy, we reserve our right to revise the renewal terms and your No Claim Discount entitlement.													